

HVAC SERVICE AND REPAIR

This form complies with professional standards currently in effect

ABCForms, Inc.

License B 0000001
65 Pine Avenue Suite 310
Long Beach, CA 90802

THIS CONTRACT IS
ENTERED INTO
THIS DATE:

Insert your logo here

PHONE (800) 555-5151 CELL (800) 555-5151

TO:	NAME			
	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

AMOUNT OF SERVICE CHARGE: \$ _____

You may be charged a service charge, including any

DESCRIPTION:

CONTRACT PRICE: _____ Dollars (\$ _____).

TIME AND MATERIALS ESTIMATED CONTRACT
hour, half hour, or hour

(\$ _____) at the set rate of \$ _____ per quarter

OK to take replaced parts.

You are entitled to a completely filled in

reement before any work may be started.

CONTRACTOR/SELLER SIGNATURE

ER SIGNATURE

DATE

Sample